RECEIVED ENFIELD PLANNING DEPT.

Town of Enfield Petition for (Zoning Regulation Amen Planning Department • Town Hall • 820 Enfield Street	dment)		Staff Use Only PH#
Is the petition intended to delete any existing wo	rding?	YES NO	
Is the petition intended to add any new wording?		✓ YES □ NO	
Applicant Name: Town of Enfield E-mail: mdavis@enfield.org Phone #_860-253-6355 Applicant's Address: 820 Enfield St., Enfield, CT 06082			
What Section(s) of the Ordinance or Regulation What is the purpose of this petition? To prohil separation distance requirements. To m protected uses in the BR zones.	oit the Enfield 2		es to the
Attach a separate sheet (or sheets) containing the EXACT proposed language, indicating clearly any deletions or additions.			
Who will be representing the application and who Name: Matt Davis (phone) 860-253-6355 (fax) (e-mail) mdavis@enfield.org	at is the best way to Address:	to contact that person (Check b 820 Enfield Street Enfield, CT 06082	est)
I hereby depose and say that all of the above statements as well as the statements contained in all papers filed herewith are true, Signature: Saurie White 2.2			
Subscribed and sworn to before me this	day of	pt 30 30	, 20
Notary Public	<u> </u>	My Commission Expires:	5
NOTE: The Fee for a Text Amendment is \$360.00 Payable to the Town of Enfield. This fee includes a \$60 State application surcharge.			
Received in Office:	For Staff Use Or Commission Off Scheduled Hear	icial Date of Receipt:	